

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445135	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2012
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NAME OF PROVIDER OR SUPPLIER

GOLDEN LIVINGCENTER - WINDWOOD

STREET ADDRESS, CITY, STATE, ZIP CODE

220 LONGMIRE RD
CLINTON, TN 37716

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 051 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the fire alarm was clearly heard in all areas of the building. The findings include: Observation and interview with the Maintenance Director during a fire drill, on March 12, 2012 at 10:35 a.m. confirmed the fire alarm was barely audible in the dining room during a fire drill. No audible or visual notification devices were</p>	K 051	<p>K 051 - Additional Audiovisual notification devices have been added in main corridor and main dining room to ensure effective audio visual warning of a fire to staff and residents.</p> <p>Maintenance staff will be re-educated on NFPA 72 National Fire Alarm Code.</p> <p>Maintenance will audit/monitor operation of AV stations during regular fire drills. All AV stations are checked annually by contracted alarm maintenance vendor for proper operation.</p> <p>The results of the audits will be reviewed at the Safety Team Meeting (Nursing, Executive Director, Dietary, Human Resources, Maintenance, Director of Clinical Education) meeting monthly for three (3) months and recommendations made as appropriate.</p>	April 23, 2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Nancy Chitwood *Executive Director* *3/28/12*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 051	Continued From page 1 provided in the dining room or in the front corridor.. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 12, 2012.	K 051	K 062 - Wiring above North Nurses Station has been properly supported.	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the sprinkler system piping or hangers was not used to support non-system components. (NFPA 13, 9-1.1.7) The findings include: Observation and interview with the Maintenance Director, on March 12, 2012 at 11:30 a.m. confirmed wiring in the attic was attached to or supported by sprinkler piping above the North Nurses Station, South hall access above 200 and 300, and the North nurses station area had fallen insulation laying on one sprinkler head. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 12, 2012.	K 062	Sprinkler system piping will not be used to support non-system components. Insulation has been removed from sprinkler head on South access above 200 and 300 halls, North nurses' station area. Sprinkler heads will be free from non system components. Maintenance will be re-educated on NFPA 101 Life safety code standard 13, 9-1.1.7. Maintenance director will audit monthly, areas of building with sprinkler system piping to ascertain that all non- components of sprinkler system are properly supported and on sprinkler heads are unobstructed. The results of the audits will be reviewed at the Safety Team Meeting (Nursing, Executive Director, Dietary, Human Resources, Maintenance, Director of Clinical Education) meeting monthly for three (3) months and recommendations made as appropriate.	
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's	K 067		April 23, 2012

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K 067	Continued From page 2 specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: NFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. Based on observation and interview, interview and record review, the facility failed to assure fire dampers were maintained in accordance with NFPA 90A. The findings include: Record review and interview with the maintenance director on March 12, 2012 at 11:35 a.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 12, 2012.	K 067	K 067 - Fire dampers have been inspected by licensed contractor and are operational. Fire dampers will be on a Four year maintenance schedule to ascertain they are operational. Maintenance staff have been re-educated on NFPA 101 Life safety code standard 90A. Maintenance Director ascertain compliance with contractor that Fire Damper inspections have been completed per schedule. The Executive Director will receive reports for review. The results of the inspection report will be reviewed at the Safety Team Meeting (Nursing, Executive Director, Dietary, Human Resources, Maintenance, Director of Clinical Education) meeting monthly for three (3) months and recommendations made as appropriate.		April 23, 2012
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure electrical junction boxes had their covers installed. The findings include:	K 147			

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K 147	Continued From page 3 Observation and interview with the Maintenance Director, on March 12, 2012 at 12:00 p.m. confirmed two junction boxes without covers in the attic above rooms 200 and 315. (NFPA 70, 314.28 (C). This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 12, 2012.	K 147	K 147 - Electrical junction box covers in attic above room 200 and 315 have been installed. Visual inspection performed in attic to ensure that all electrical junction boxes have covers. Maintenance staff will be re-educated on Life Safety Code Standard - NFPA 70, National Electrical Code 9.1.2 Maintenance Director will complete monthly audit to ensure compliance. The results of the audits will be reviewed at the Safety Team Meeting (Nursing, Executive Director, Dietary, Human Resources, Maintenance, Director of Clinical Education) meeting monthly for three (3) months and recommendations made as appropriate.	April 23, 2012	

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